

## UNITED STATES DISTRICT COURT

NOV -7 AM 11:53

for the  
District of Nebraska

OFFICE OF THE CLERK

Civil Division

Thompson,Latoshann

Case No.

8:23CV490

(to be filled in by the Clerk's Office)

## Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Methodist Hospital,Nebraska Medical Center,CHI  
Mercy,Braddocks FinneganJury Trial: (check one)  Yes  No

## Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

### COMPLAINT FOR A CIVIL CASE ALLEGING NEGLIGENCE

(28 U.S.C. § 1332; Diversity of Citizenship)

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Latoshann Thompson
Street Address	3873 Franklin St
City and County	Omaha Douglas
State and Zip Code	Nebraska 68111
Telephone Number	
E-mail Address	

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Under 28 U.S.C. § 1332, federal courts may hear cases in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000. In that kind of case, called a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff. Explain how these jurisdictional requirements have been met.

**A. The Plaintiff(s)**

1. If the plaintiff is an individual

The plaintiff, (name) Latoshann Thompon, is a citizen of the

State of (name) Nebraska

2. If the plaintiff is a corporation

The plaintiff, (name) \_\_\_\_\_, is incorporated

under the laws of the State of (name) \_\_\_\_\_,

and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**B. The Defendant(s)**

1. If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen of

the State of (name) \_\_\_\_\_. Or is a citizen of

(foreign nation) \_\_\_\_\_.

2. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under

the laws of the State of (name) \_\_\_\_\_, and has its

principal place of business in the State of (name) \_\_\_\_\_.

Or is incorporated under the laws of (foreign nation) \_\_\_\_\_,

and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

**C. The Amount in Controversy**

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

## Defendant No. 1

Name	Methodist Hospital
Job or Title ( <i>if known</i> )	
Street Address	8303 Dodge St
City and County	Omaha
State and Zip Code	Ne 68114
Telephone Number	402-354-4000
E-mail Address ( <i>if known</i> )	

## Defendant No. 2

Name	CHI Mercy
Job or Title ( <i>if known</i> )	
Street Address	800 Mercy DR
City and County	Council Bluffs
State and Zip Code	IA 51503
Telephone Number	712-328-5000
E-mail Address ( <i>if known</i> )	

## Defendant No. 3

Name	Nebraska Medical Center
Job or Title ( <i>if known</i> )	
Street Address	4350 Dewey Ave
City and County	Omaha
State and Zip Code	Ne 68105
Telephone Number	402-552-2000
E-mail Address ( <i>if known</i> )	

## Defendant No. 4

Name	Braddocks Finnegan
Job or Title ( <i>if known</i> )	Dermatologist
Street Address	7911 W Center RD
City and County	Omaha
State and Zip Code	NE 68124
Telephone Number	402-390-0333
E-mail Address ( <i>if known</i> )	

I'm seeking 7,000,000, for the loss of my appearance,wages,engagement,socializing and Emotional Distress of me once being beautiful to my skin discoloration and the damage left after the surgery of a raised bump being cut out of my cheek,not completely removed after several attempts by the physicians and doctors.

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On (date) 12/20/2016, at (place) Braddocks Finnegan Dermatologist Office,

the defendant(s): (1) performed acts that a person of ordinary prudence in the same or similar circumstances would not have done; or (2) failed to perform acts that a person of ordinary prudence would have done under the same or similar circumstances because (*describe the acts or failures to act and why they were negligent*)

The defendants harmed me in a way that it has succeeded. The defendants harmed me in such a way by stopping service on my care in April 2010,(Terminating me from being seen in their clinics also the Emergency Rooms). I was hospitalized in January 2018 for a day for this infection on my face, I was given Morphine for pain. The Physicians I sought care with has failed to diagnose my medical condition,has performed surgical procedures, No surgical procedures was needed to be performed in my case, which has given me Botched results. The Doctor's perscribed medication that did more harm to me then good.

The acts or omissions caused or contributed to the cause of the plaintiff's injuries by (*explain*)

The Physicians has performed surgery on a raised bump thots on my left cheek,took pieces of my cheek by doing a biopsy without completely diagnosing the skin infection, or giving me the proper antibiotics removing the infection completely,Instead the Physicians cut on my body,draws blood from my body,Leaves me undiagnosed,untreated with a Bacterial Fungal Infection. The defendants failed to provide me with an IV of Antibiotics, Anti-Fungal Intravenously which has caused the infection to worsen over the years it's been left untreated.

### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

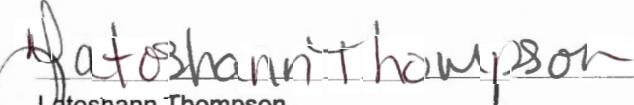
I'm seeking 7,000,000, to recite and recover from the significant damaged that has been afflicted upon myself. The defendants has caused tremendous pain, harm, injuries and suffering to my body,by refusing to treat my medical condition which is a deadly infection, left untreated can cause death. Physicians caused Medical negligence to my care by giving me false diagnosis,not correctly diagnosing the BFI which could had prevented my condition to worsen. The Doctor's took an Oath to take care of their patients that is in need of serious medical attention to treat the criticially ill.The defendants failed to have a patient relationship with me as their patient. I was seen on Sept 6th 2023 at the Emergency dept. The Doctor's accepted my diagnose of a Bacterial Fungal Infection and administered an IV of Antibiotics Intravenously, not the Anti-Fingal medication Intravenously. The Physicians has continued to not provide me with my test results from the blood work, a referral to the Infectious disease clinic for treatments. I also can be seen at the Infusion centers outside the hospitals. I ask and plea to the courts to hold the defendants accountable, for them to accept liability for the emabarrassment this surgical procedure has caused in my Life! I was beautiful seven years ago,Its hard to take selfies, look in the mirror,get jobs, take photos on my badge, with my children familiy and friends without noticing the blemishes, the dark spots,the surgical site where the surgery was done. I would like to heal, forgive,forget and move on.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/06/2023Signature of Plaintiff Printed Name of Plaintiff Latoshann Thompson**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Street Address \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**FROM:**

LaTashann Thompson  
3873 Franklin St  
Omaha, Ne 68111

**Retail**



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111 S. 18th Plaza  
Ste 1152  
Omaha, Ne 68102

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